

Public Water Supply
BACTERIOLOGICAL ANALYSIS FORM
(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Take 1 Sample per Quarter

Section I: System Information (to be completed by Department of Natural Resources/SAMPLER)

System Name: **REPORT_TO_NAME_TEXT** City: **REPORT_TO_CITY_STATE_TEXT**
PWS ID#: **ID_NO** County: **COUNTY_CODE** Region Code: System Type: MC ☐ NN ☐ OC ☐ TN ☐
(Check one)
Entry Point ID: **ID_POINT_NO** WI Unique Well No: **SECOND_ID_NO** DNR Contact:

Sampler Phone/Name/Address (Notify DNR Contact of Corrections)

Sampler

Read sampling instructions on back of form.
Complete all information in Sections I, II, and III.
Lab will complete Section IV.

Sample Source:

☐ D - Distribution System
☐ W - Well

SOURCE_CODE

Sample Type (check one box only)

☐ D - Routine Distribution Compliance and Follow-ups **REASON_CODE** **CHECK_DATE**
☐ C - Check: Taken at same location as Unsafe Sample ☐ N - New
Unsafe Sample Collection Date: ☐ ☐ ☐ ☐ ☐ ☐
Unsafe Sample ID: ☐ ☐ ☐ ☐ ☐ ☐
☐ R - Repeat ☐ I - Investigation
☐ W - (Raw) Water
(Well No: ☐ ☐ ☐ ☐ ☐ ☐)

Special Instructions:

Collect sample between: ☐ and ☐ Return results to DNR within 10 days of lab report date

Section II: Sample Information (to be completed by SAMPLER)

Sample Collection Date: ☐ ☐ ☐ Time: ☐ : ☐ ☐ a.m. **START_DATE_TIME**

Address where sample was collected (example: 114 Water Street): **SAMPLE_LOCATION_DESC**

Monitoring/Sample Plan ID and Location
(example: "D-11" or "Laundry Tap"): **SAMPLE_DESC**

Name of Sampler: **COLLECTOR_NAME**

Section III: System Test Result Information for Systems Who Use Continuous Chlorination (to be completed by SAMPLER)

If your system uses continuous chlorination, the chlorine residual level at the time the sample was collected must be reported below. Others may skip this section.

Storet Code	Parameter	SDWA Method	Results	MRDL	Units
50060	CHLORINE TOTAL RESIDUAL	METHOD_TEXT		4.0	MG/L
50064	CHLORINE FREE AVAIL			4.0	MG/L
50066	COMBINED AVAILABLE CHLORINE			4.0	MG/L

Section IV: Lab Test Result Information (to be completed by LABORATORY)

Laboratory Results

☐ Safe (Coliform Absent) **RESULT_VALUE_NO**
☐ Unsafe (Coliform Present) and:
☐ Fecal/E Coli Present ☐ Fecal/E Coli Absent
Date PWS Notified of Unsafe: ☐ ☐ ☐ ☐ ☐ ☐
☐ Invalid (Submit another Sample) **RESULT_VALUE_NO**
☐ Old ☐ Frozen
☐ Overgrown ☐ Lab Accident
☐ Chlorine Present ☐ Shipping Problem

Approved Enzyme Substrate Method (Each method requires 100 mL of sample)

☐ Colilert® ☐ E*Colite®
☐ Colilert-18® ☐ MI Agar
☐ Colisure®
☐ Other: **METHOD_TEXT**
(Print Approved Enzyme Substrate Method)

Comments

Time Received
(24 hour clock)

RECEIVED_DATE

Laboratory Name

Date Received

RECEIVED_DATE

Sample ID

PRIMARY_LAB_SAMPLE_ID

WI Bacteriological Certification Number

PRIMARY_LAB_ID

Laboratory Phone Number

Date Reported

REPORTED_DATE

NITRATE ANALYSIS

(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Section I: To be completed by the Department of Natural Resources/SAMPLER

System Name: **REPORT_TO_NAME_TEXT** City: **REPORT_TO_CITY_STATE_TEXT**

Pws Id#: **ID_NO** County: **COUNTY_CODE** Region Code: System Type: (Check one) MC__ NN__ OC__ TN__

Entry Point ID: **ID_POINT_NO** WI Unique Well No: **SECOND_ID_NO** DNR Contact:

Sampler Phone/Name/Address (Notify DNR Contact of Corrections)

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. NR 809, Wis. Adm. Code, Safe Drinking Water. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is a violation punishable by a forfeiture of no less than \$10 nor more than \$5000, or by a fine of not less than \$10 nor more than \$100 or imprisonment of not less than 30 days, or both. Each day of continued violation is a separate offense (ss. 144.99, Wis. Stats.). Authorization for these requirement is under s. 280.13(d), Wis. Stats. and ch. NR 809.80. Personally identifiable information on this form will be used for no other purpose.

Sample Source: SOURCE_CODE

___ W Well
___ E Entry Point
___ D Distribution

Sample Type: REASON_CODE

___ D (SDWA) Compliance Sample
___ C (SDWA) Confirmation
___ W Raw Water Sample
___ I Investigation Sample

Special Instructions:

Collect sample between: ___/___/___ and ___/___/___ Return results to DNR within 10 days of lab report date

Section II: To be completed by SAMPLER

Sample Collection Date ___/___/___ Time: ___:___ ☐ a.m. **START_DATE_TIME**
☐ p.m.

Address where sample was collected: **SAMPLE_LOCATION_DESC**

Sample Point Description: **SAMPLE_DESC**

First Initial and
Last Name of Sampler: ___ - **COLLECTOR_NAME**

Section III: To be completed by LABORATORY OFFICIAL. Report analytical results on back.

☐ Check here if some or all of the parameters were analyzed by a subcontracted lab.

NOTE: A separate form must be completed by each lab with data for only the parameters which that lab analyzed.

Laboratory
ID Number: **PRIMARY_LAB_ID**

Laboratory
Name: _____

Date Sample
Received: **RECEIVED_DATE**

Time Sample
Received: **RECEIVED_DATE**

Laboratory
Sample ID: **PRIMARY_LAB_SAMPLE_ID**

Signature of
Receiving Lab Official: _____ Date Reported: **REPORTED_DATE**

Condition of
Sample Upon Receipt: **LAB_COMMENT_TEXT**

Section IV: To be completed by WATER SUPPLY SYSTEM OFFICAL after analysis has been done.

I certify that I personally examined and am familiar with all information submitted on this document. I believe that the information is true and accurate, and complete.

Signature: _____ Title: _____ Date Signed: _____

NITRATE ANALYSISSystem Name: **REPORT_TO_NAME_TEXT**

This page to be completed by WATER SUPPLY SYSTEM OFFICIAL
or by laboratory performing analysis.

PWS ID: **ID_NO**Lab Sample ID: **PRIMARY_LAB_SAMPLE_ID**

Storet Code	Parameter	SDWA Method	MDL	Results	MCL	Units
620	NITRATE AS N				10	MG/L

* Health Advisory

LOD_AMT**RESULTS_UNITS_TEXT****DNR_PARAMETER_CODE****METHOD_TEXT****RESULT_VALUE_NO**

Approved By QA Officer: _____ Date: _____

Laboratory Manager: _____ Date: _____

Comments: **LAB_COMMENT_TEXT**